Medical Home Screening Instruments

May 24, 2006

CAHMI

The Child and Adolescent Health Measurement Initiative

FACCT

FOUNDATION FOR ACCOUNTABILITY

THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SCREENER©

Developed in Collaboration with:

AHRQ

NCQA

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

FAMILY VOICES

NESERVE.ORG

BACKGROUND

The Children with Special Health Care Needs (CSHCN) Screener© was developed through the efforts of the Child and Adolescent Health Measurement Initiative (CAHMI), a national collaboration coordinated by FACCT—The Foundation for Accountability. Beginning in June 1998, the CAHMI brought together federal and state policymakers, health care providers, researchers and consumer organizations into a task force for the purpose of specifying a method to identify children with special health care needs. During the course of this project, the task force met in person six times and more than a dozen times by teleconference.

The CSHCN Screener© is a five item, parent survey-based tool that responds to the need for an efficient and flexible standardized method for identifying CSHCN. The screener is specifically designed to reflect the federal Maternal and Child Health Bureau definition of children with special health care needs:

> *"Children who have special health care needs are those who have...a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.[1]"*

The CSHCN Screener© uses non-condition specific, consequences-based criteria to identify children with special health care needs for purposes of quality assessment or other population-based applications. Children are identified on the basis of experiencing one or more current functional limitations or service use needs that are the direct result of an on-going physical, emotional, behavioral, developmental or other health condition.

The non-condition specific approach used by the CSHCN Screener© identifies children across the range and diversity of childhood chronic conditions and special needs, allowing a more comprehensive assessment of health care system performance than is attainable by focusing on a single diagnosis or type of special need. In addition, the relatively low prevalence of most childhood chronic conditions and special health care needs often makes it problematic to find adequate numbers of children with a specific diagnosis or type of special need. A non-condition specific approach makes it possible in many cases to identify enough children to allow statistically robust quality comparisons across health care systems and/or providers.

The CSHCN Screener© is currently being used in several national surveys, including the National Survey of Children with Special Health Care Needs and as part of the CAHPS®[2] survey items in the Medical Expenditure Panel Survey (MEPS). The Agency for Healthcare Research and Quality (AHRQ) has included the screener as an integral part of the new CAHPS 2.0 Child Survey. The Screener is also formally integrated into the CAHPS 2.0H Child Survey to identify the Children with Chronic Conditions Measurement Set, a component of the National Committee for Quality Assurance's Health Plan Employer Data and Information Set (HEDIS®).[3] English and Spanish versions of the CSHCN Screener© are available.

[1]McPherson M, Arango P, Fox H, et al. A new definition of children with special health care needs. *Pediatrics.* 1998; 102:137-140.
[2]CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
[3]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Children with Special Health Care Needs (CSHCN) Screener©
(mail or telephone)

1. Does your child currently need or use **medicine prescribed by a doctor** (other than vitamins)?
   - ☐ Yes → Go to Question 1a
   - ☐ No → Go to Question 2

   1a. Is this because of ANY medical, behavioral or other health condition?
   - ☐ Yes → Go to Question 1b
   - ☐ No → Go to Question 2

   1b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

2. Does your child need or use more **medical care, mental health or educational services** than is usual for most children of the same age?
   - ☐ Yes → Go to Question 2a
   - ☐ No → Go to Question 3

   2a. Is this because of ANY medical, behavioral or other health condition?
   - ☐ Yes → Go to Question 2b
   - ☐ No → Go to Question 3

   2b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

3. Is your child **limited or prevented** in any way in his or her ability to do the things most children of the same age can do?
   - ☐ Yes → Go to Question 3a
   - ☐ No → Go to Question 4

   3a. Is this because of ANY medical, behavioral or other health condition?
   - ☐ Yes → Go to Question 3b
   - ☐ No → Go to Question 4

   3b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

4. Does your child need or get **special therapy**, such as physical, occupational or speech therapy?
   - ☐ Yes → Go to Question 4a
   - ☐ No → Go to Question 5

   4a. Is this because of ANY medical, behavioral or other health condition?
   - ☐ Yes → Go to Question 4b
   - ☐ No → Go to Question 5

   4b. Is this a condition that has lasted or is expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

5. Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets **treatment or counseling**?
   - ☐ Yes → Go to Question 5a
   - ☐ No

   5a. Has this problem lasted or is it expected to last for *at least* 12 months?
   - ☐ Yes
   - ☐ No

Scoring the Children with Special Health Care Needs (CSHCN) Screener©

The CSHCN Screener© uses consequences-based criteria to screen for children with chronic or special health care needs. To qualify as having chronic or special health care needs, the following criteria must be met:

a) The child currently experiences a specific consequence.
b) The consequence is due to a medical or other health condition.
c) The duration or expected duration of the condition is 12 months or longer.

The first part of each screener question asks whether a child experiences one of five different health consequences:

1) Use or need of prescription medication.
2) Above average use or need of medical, mental health or educational services.
3) Functional limitations compared with others of same age.
4) Use or need of specialized therapies (OT, PT, speech, etc.).
5) Treatment or counseling for emotional or developmental problems.

The second and third parts* of each screener question ask those responding "yes" to the first part of the question whether the consequence is due to any kind of health condition and if so, whether that condition has lasted or is expected to last for at least 12 months.

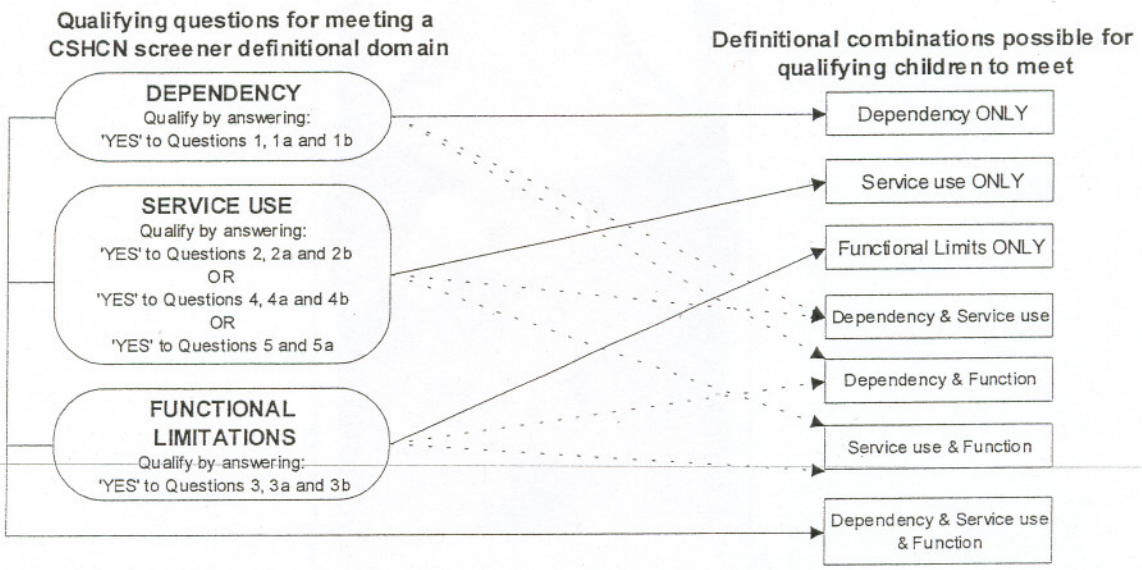
**NOTE: CSHCN screener question 5 is a two-part question. Both parts must be answered "yes" to qualify.*

All three parts of at least one screener question (or in the case of question 5, the two parts) must be answered "yes" in order for a child to meet CSHCN Screener© criteria for having a chronic condition or special health care need.

The CSHCN Screener© has three "definitional domains:"

1) Dependency on prescription medications.
2) Service use above that considered usual or routine.
3) Functional limitations.

The definitional domains are not mutually exclusive categories. A child identified by the CSHCN Screener© can qualify on one or more definitional domains (*see diagram*).



PEDS Response Form

Child's Name Roger J. Parent's Name Malinda J

Child's Birthday 8/8/03 Child's Age 2 Today's Date 8/10/05

Please list any concerns about your child's learning, development, and behavior.

I'm worried about how my child talks and relates to us. He says things that don't have anything to do with what's going on. He's oblivious to anything but what he is doing. He's not doing as well as other kids in many ways.

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No (Yes) A little COMMENTS:

He repeats odd things like "Wheel of Fortune"

Do you have any concerns about how your child understands what you say?

Circle one: No (Yes) A little COMMENTS:

I can't tell if he doesn't understand, doesn't hear well or just ignores us

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: (No) Yes A little COMMENTS:

He's good with manipulatives but does a lot of the same things over and over: spinning wheels on cars, flicking light switches, flipping pages

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: (No) Yes A little COMMENTS:

He's very coordinated and very fast!

Do you have any concerns about how your child behaves?

Circle one: No Yes (A little) COMMENTS:

still lots of tantrums but headbanging is almost gone. Behavior therapy has been helpful and his tantrums are less severe and shorter

Do you have any concerns about how your child gets along with others?

Circle one: No Yes (A little) COMMENTS:

He doesn't seem interested in watching other kids, let alone playing with them

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: (No) Yes A little COMMENTS:

He's very independent

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: (No) Yes A little COMMENTS:

He's too young for any of that!

Please list any other concerns.

We spend lots of time playing with Roger and talking to him. This seems to be helping him be more engaged. I still wonder about his hearing.

PEDS Score Form

Child's Name Roger J. Birthday 8/8/03

Find appropriate column for the child's age. Place a checkmark in the appropriate box to show each concern on the PEDS Response form. See Brief Scoring Guide for details on categorizing concerns. Shaded boxes are predictive concerns. Unshaded boxes are non-predictive concerns.

Child's Age:	0–3 mos.	4–5 mos.	6–11 mos.	12–14 mos.	15–17 mos.	18–23 mos.	2 yrs.	3 yrs.	4–4½ yrs	4½–6 yrs.	6–7 yrs.	7–8 yrs.
Global/Cognitive	■	■	■	■	■	■	✓	■	■	■	■	■
Expressive Language and Articulation	■	■	■	■	■	■	✓	■	■	■	■	■
Receptive Language	☐	☐	☐	☐	☐	■	✓	■	■	■	■	■
Fine-Motor	☐	☐	☐	☐	☐	☐	☐	☐	☐	■	■	■
Gross Motor	☐	☐	☐	☐	☐	☐	☐	■	■	■	■	■
Behavior	☐	☐	✓	✓	✓	✓	✓	☐	☐	☐	☐	☐
Social-emotional	■	■	■	■	■	☐	✓	☐	☐	☐	☐	☐
Self-help	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
School	☐	☐	☐	☐	☐	☐	☐	☐	☐	■	■	■
Other	✓	✓	■	■	■	■	✓	■	■	■	■	■

Count the number of checks in the small shaded boxes and place the total in the large shaded box below.

0	0	0	0	0	0	4	■	■	■	■	■

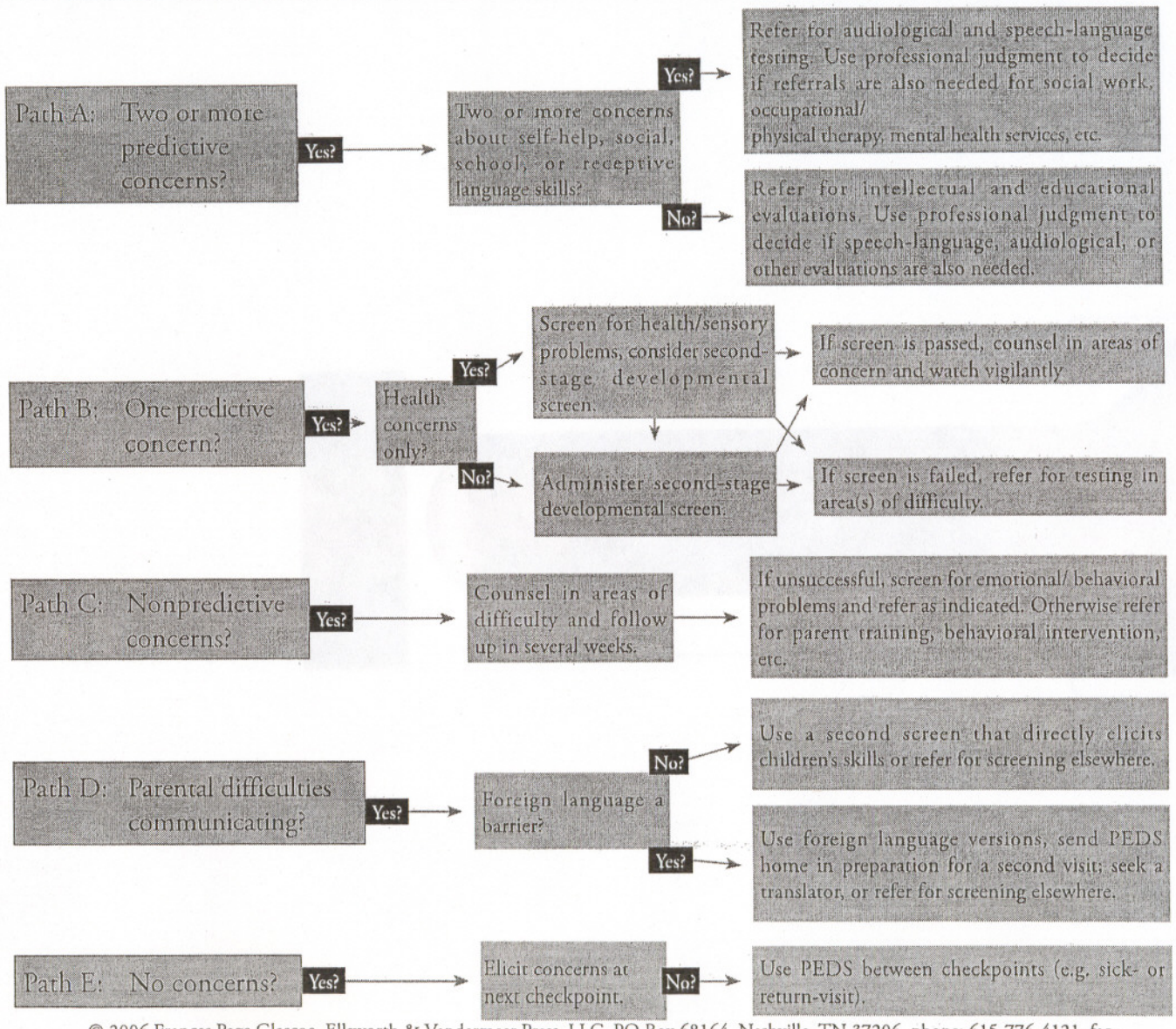
If the number shown in the large shaded box is 2 or more, follow Path A on PEDS Interpretation Form. If the number shown is exactly 1, follow Path B. If the number shown is 0, count the number of small unshaded boxes and place the total in the large unshaded box below.

1	1	1	1	1	1	2	☐	☐	☐	☐	☐

If the number shown in the large unshaded box is 1 or more, follow Path C. If the number 0 is shown, consider Path D if relevant. Otherwise, follow Path E.

Child's Name Roger J Birthday 8/8/03

PEDS Interpretation Form



Specific Decisions

0–3 mos. diarrhea, no fever, suggested formula change.

4–5 mos. intermittent diarrhea, switched to soy

6–11 mos. extensive crying at bed-time gave mo info re: "Ferberizing"

12–14 mos. head-banging, gave mo info from Schmitt's Patient Education

15–17 mos. still head-banging, pacing referred for in-home behavior tx

18–23 mos. frequent tantrums but head banging decreased, cont beh tx

2 yrs. Path A: hearing, lead, vision screened and OK, referred to EI for M-CHAT and developmental assessment

3 yrs.

4–4 1/2 yrs.

4 1/2–6 yrs.

6–7 yrs.

7–8 yrs.

M-CHAT

Please fill out the following about how your child **usually** is. Please try to answer every question. If the behavior is rare (e.g., you've seen it once or twice), please answer as if the child does not do it.

1. Does your child enjoy being swung, bounced on your knee, etc.?	Yes	No
2. Does your child take an interest in other children?	Yes	No
3. Does your child like climbing on things, such as up stairs?	Yes	No
4. Does your child enjoy playing peek-a-boo/hide-and-seek?	Yes	No
5. Does your child ever pretend, for example, to talk on the phone or take care of dolls, or pretend other things?	Yes	No
6. Does your child ever use his/her index finger to point, to ask for something?	Yes	No
7. Does your child ever use his/her index finger to point, to indicate interest in something?	Yes	No
8. Can your child play properly with small toys (e.g. cars or bricks) without just mouthing, fiddling, or dropping them?	Yes	No
9. Does your child ever bring objects over to you (parent) to show you something?	Yes	No
10. Does your child look you in the eye for more than a second or two?	Yes	No
11. Does your child ever seem oversensitive to noise? (e.g., plugging ears)	Yes	No
12. Does your child smile in response to your face or your smile?	Yes	No
13. Does your child imitate you? (e.g., you make a face-will your child imitate it?)	Yes	No
14. Does your child respond to his/her name when you call?	Yes	No
15. If you point at a toy across the room, does your child look at it?	Yes	No
16. Does your child walk?	Yes	No
17. Does your child look at things you are looking at?	Yes	No
18. Does your child make unusual finger movements near his/her face?	Yes	No
19. Does your child try to attract your attention to his/her own activity?	Yes	No
20. Have you ever wondered if your child is deaf?	Yes	No
21. Does your child understand what people say?	Yes	No
22. Does your child sometimes stare at nothing or wander with no purpose?	Yes	No
23. Does your child look at your face to check your reaction when faced with something unfamiliar?	Yes	No

Please refer to: Robins, D., Fein, D., Barton, M., & Green, J. (2001). The Modified Checklist for Autism in Toddlers: An initial study investigating the early detection of autism and pervasive developmental disorders. Journal of Autism and Developmental Disorders, 31 (2), 131-144.

Pediatric Symptom Checklist (PSC)

Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions. Please indicate which statement best describes your child.

Please mark under the heading that best describes your child:

		NEVER	SOMETIMES	OFTEN
1. Complains of aches and pains	1			
2. Spends more time alone	2			
3. Tires easily, has little energy	3			
4. Fidgety, unable to sit still	4			
5. Has trouble with teacher	5			
6. Less interested in school	6			
7. Acts as if driven by a motor	7			
8. Daydreams too much	8			
9. Distracted easily	9			
10. Is afraid of new situations	10			
11. Feels sad, unhappy	11			
12. Is irritable, angry	12			
13. Feels hopeless	13			
14. Has trouble concentrating	14			
15. Less interested in friends	15			
16. Fights with other children	16			
17. Absent from school	17			
18. School grades dropping	18			
19. Is down on him or herself	19			
20. Visits the doctor with doctor finding nothing wrong	20			
21. Has trouble sleeping	21			
22. Worries a lot	22			
23. Wants to be with you more than before	23			
24. Feels he or she is bad	24			
25. Takes unnecessary risks	25			
26. Gets hurt frequently	26			
27. Seems to be having less fun	27			
28. Acts younger than children his or her age	28			
29. Does not listen to rules	29			
30. Does not show feelings	30			
31. Does not understand other people's feelings	31			
32. Teases others	32			
33. Blames others for his or her troubles	33			
34. Takes things that do not belong to him or her	34			
35. Refuses to share	35			

Total score _____

Does your child have any emotional or behavioral problems for which she/he needs help? ( ) N ( ) Y
Are there any services that you would like your child to receive for these problems? ( ) N ( ) Y

If yes, what services? _____

The CRAFFT Questions

A Brief Screening Test for Adolescent Substance Abuse*

C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A - Do you ever use alcohol/drugs while you are by yourself, ALONE?

F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

F - Do you ever FORGET things you did while using alcohol or drugs?

T - Have you gotten into TROUBLE while you were using alcohol or drugs?

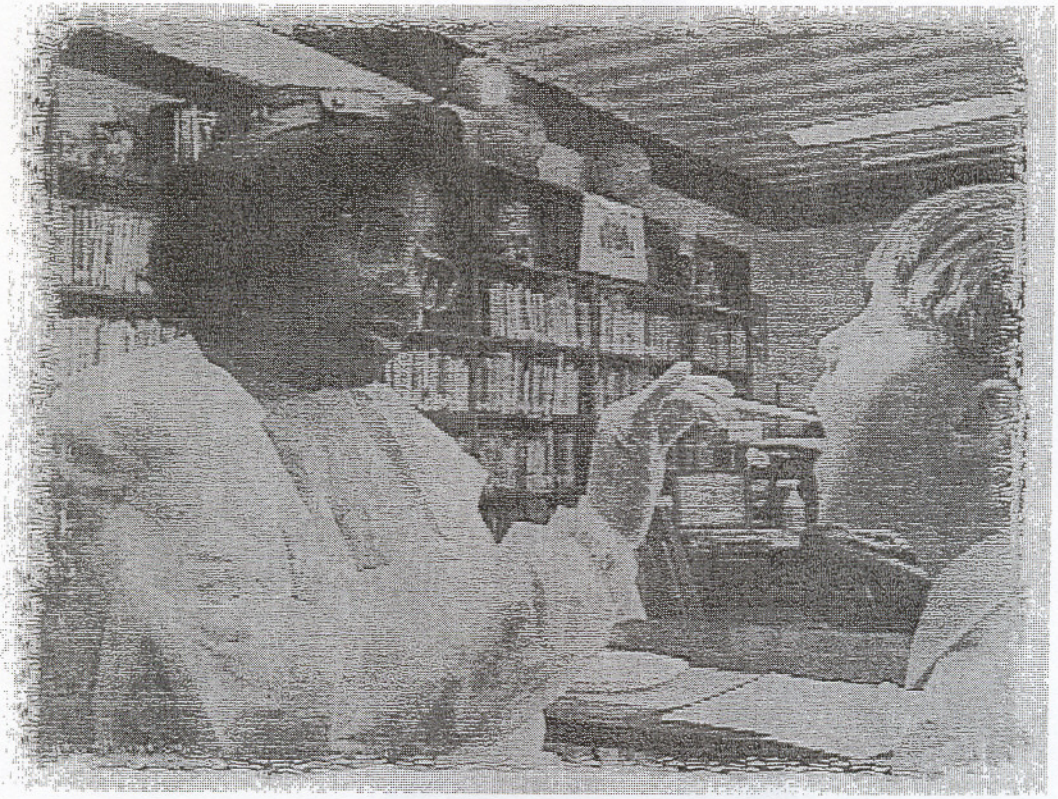
2 or more yes answers suggests a significant problem

Principles of brief office intervention for adolescent substance abuse:

- Develop a discrepancy (between goals and current behaviors)
- Avoid arguments
- Roll with resistance
- Empathy as a counseling style (be interested, curious, "real", listen and reflect on strengths and competencies, let them know you are worried about their substance use without being "preachy")
- Self-Efficacy (optimism, e.g., You can do it!)

Back

BASIC SCREENING SURVEYS:
AN APPROACH TO MONITORING COMMUNITY ORAL HEALTH



Association of State and Territorial Dental Directors
1999, Revised September 2003

Recommended Questions

1. During the past 6 months, did {you/your child} have a toothache more than once, when biting or chewing? [Source: National Health Interview Survey (NHIS), 1989]
   1. No
   2. Yes
   3. Don't know/don't remember

2. About how long has it been since {you/your child} last visited a dentist? Include all types of dentists, such as, orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. [Source: NHIS, 1997]
   1. 6 months or less
   2. More than 6 months, but not more than 1 year ago
   3. More than 1 year ago, but not more than 3 years ago
   4. More than 3 years ago
   5. Never have been
   6. Don't know/don't remember

3. What was the main reason that {you/your child} last visited a dentist? (Please check one) [Source: NHIS, 1986]
   1. Went in on own for check-up, examination or cleaning.
   2. Was called in by the dentist for check-up, examination or cleaning.
   3. Something was wrong, bothering or hurting.
   4. Went for treatment of a condition that dentist discovered at earlier check-up or examination.
   5. Other
   6. Don't know/don't remember

4. During the past 12 months, was there a time when {you/your child} needed dental care but could not get it at that time? [Source: NHIS, 1994]
   1. No
   2. Yes
   3. Don't know/don't remember

5. The last time {you/your child} could not get the dental care (you/he/she) needed, what was the main reason (you/he/she) couldn't get care? (Please check one) [Source: NHIS, 1994]
   1. Could not afford it
   2. No insurance
   3. Dentist did not accept Medicaid/insurance
   4. Not serious enough
   5. Wait too long in clinic/office
   6. Difficulty in getting appointment
   7. Don't like/trust/believe in dentists
   8. No dentist available
   9. Didn't know where to go
   10. No way to get there
   11. Hours not convenient
   12. Speak a different language
   13. Health of another family member
   14. Other reason
   15. Don't know/don't remember

6. Do you have any kind of insurance that pays for some or all of {your/your child's} MEDICAL OR SURGICAL CARE? Include health insurance obtained through employment or purchased directly as well as government programs like Medicaid.
   1. No
   2. Yes
   3. Don't know/don't remember

7. Do you have any kind of insurance that pays for some or all of {your/your child's} DENTAL CARE? Include health insurance obtained through employment or purchased directly as well as government programs like Medicaid.
   1. No
   2. Yes
   3. Don't know/don't remember

Additional questions for survey planners to consider:

8. During the past 12 months, was there a time when you felt that {you/your child} needed MEDICAL CARE OR SURGERY but could not get it at that time? [Source: Modified from NHIS, 1994]
   1. No
   2. Yes
   3. Don't know/don't remember

9. The last time {you/your child} could not get the MEDICAL CARE OR SURGERY (you/he/she) needed, what was the main reason (you/he/she) couldn't get care? [Source: NHIS, 1994]
   1. Could not afford it
   2. No insurance
   3. Doctor did not accept Medicaid/insurance
   4. Not serious enough
   5. Wait too long in clinic/office
   6. Difficulty in getting appointment
   7. Don't like/trust/believe in doctors
   8. No doctor available
   9. Didn't know where to go
   10. No way to get there
   11. Hours not convenient
   12. Speak a different language
   13. Health of another family member
   14. Other reason
   15. Don't know/don't remember

For all questions, refused/no response is a coding option but is not listed as a choice on the questionnaire. For one digit variables, 9 is coded, for two digit variables the refused/no response code is 99.

Oral Health Screening Form/Preschool Children

Screen Date: __ __ / __ __ / __ __ __ __	Site Code:	Screener's Initials:
ID Number:	Birth Date: __ __ / __ __ / __ __ __ __	Age:
Gender: 1=Male 2=Female	Race/Ethnicity: 1=White 2=Black/African American 3=Hispanic/Latino 4=Asian 5=American Indian/Alaska Native 6=Native Hawaiian/Pacific Islander 7=Multi-racial 9=Unknown	
Untreated Cavities: 0=No untreated cavities 1=Untreated cavities	Caries Experience: 0=No caries experience 1=Caries experience	
Early Childhood Caries: 0=No ECC 1=ECC	Treatment Urgency: 0=No obvious problem 1=Early dental care 2=Urgent care	
Comments:		

NOTE: If you are collecting information on date of birth, age and race using a questionnaire, you can delete those fields from this form.

Oral Health Screening Form/Schoolchildren

Screen Date: __ __ / __ __ / __ __ __ __	School Code:	Screener's Initials:
ID Number:	Grade:	Age:
Gender: 1=Male 2=Female	Race/Ethnicity: 1=White 2=Black/African American 3=Hispanic/Latino 4=Asian 5=American Indian/Alaska Native 6=Native Hawaiian/Pacific Islander 7=Multi-racial 9=Unknown	
Untreated Cavities: 0=No untreated cavities 1=Untreated cavities	Caries Experience: 0=No caries experience 1=Caries experience	
Sealants on Permanent Molars: 0=No sealants 1=Sealants	Treatment Urgency: 0=No obvious problem 1=Early dental care 2=Urgent care	
Comments:		

NOTE: If you are collecting information on age and race using a questionnaire, you can delete those fields from this form.

Sample Consent Form & Parent Questionnaire

Please complete this form and return it to your child's teacher tomorrow. Thank you.

Child's Name: _____ Child's Age: _____

____ **Yes, I give permission** for my child to have his/her teeth checked.

____ **No, I do not give permission** for my child to have his/her teeth checked.

_____ _____

Signature of Parent or Guardian Date

Please answer the next questions to help us learn more about access to dental care. Your answers will remain private and will not be shared. If you do not want to answer the questions, you may still give permission for your child to have his or her teeth checked.

1. During the past 6 months, did your child have a toothache more than once, when biting or chewing?
   ☐ No ☐ Yes ☐ Don't know/don't remember

2. About how long has it been since your child last visited a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. (Check one)
   ☐ 6 months or less
   ☐ More than 6 months, but not more than 1 year ago
   ☐ More than 1 year ago, but not more than 3 years ago
   ☐ More than 3 years ago
   ☐ Never has been to the dentist
   ☐ Don't know/don't remember

3. What was the main reason that your child last visited a dentist? (Check one)
   ☐ Went in on own for check-up, examination or cleaning.
   ☐ Was called in by the dentist for check-up, examination or cleaning.
   ☐ Something was wrong, bothering or hurting.
   ☐ Went for treatment of a condition that dentist discovered at earlier check-up or examination.
   ☐ Other
   ☐ Don't know/don't remember

4. During the past 12 months, was there a time when your child needed dental care but could not get it?
   ☐ No (Go to Question 6) ☐ Yes (Go to Question 5) ☐ Don't know/don't remember (Go to Question 6)

5. The last time your child could not get the dental care he/she needed, what was the ***main reason*** he/she couldn't get care? (Check one)
   ☐ Could not afford it
   ☐ No insurance
   ☐ Dentist did not take Medicaid/insurance
   ☐ Speak a different language
   ☐ Wait is too long in clinic/office
   ☐ Health of another family member
   ☐ Difficulty in getting appointment
   ☐ No way to get there
   ☐ Didn't know where to go
   ☐ No dentist available
   ☐ Not a serious enough problem
   ☐ Dentist hours are not convenient
   ☐ Don't like/trust/believe in dentists
   ☐ Other reason
   ☐ Don't know/don't remember

6. Do you have any kind of insurance that pays for some or all of your child's MEDICAL OR SURGICAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.
   ☐ No ☐ Yes ☐ Don't know

7. Do you have any kind of insurance that pays for some or all of your child's DENTAL CARE? Include health insurance obtained through employment or purchased directly, as well as government programs like Medicaid.
   ☐ No ☐ Yes ☐ Don't know

8. Which of the following best describes your child? (Check all that apply)
   ☐ White ☐ Black/African American ☐ Hispanic/Latino
   ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian/Pacific Islander

9. Is your child eligible for the free or reduced price lunch program? ☐ No ☐ Yes ***(School children only)***

THANK YOU FOR PARTICIPATING IN "*MAKE YOUR SMILE COUNT!*"

Screener Training

Before the actual screening, prospective screeners should come together for a training and practice session. Screeners may view the BSS video and read the manual, individually, before the session. At the training session, the screeners will view the video as a group and do their best to answer each others' questions. Following the group review of the video and manual, prospective screeners will use their new skills and discuss potential differences in interpretation of screening criteria under field conditions. This will provide practical experience using the BSS model and increase everyone's level of confidence that the screening results are reliable.

In the practice session, each screener will have a recorder and a visibly numbered station, such as a small table or a school desk, to hold her/his screening supplies. The recorder either may be another trainee who will later alternate positions with the screener, or someone who has not been trained to screen. A sample format for recording screening codes for multiple screening trainees is found on page 32. These can be printed as cards or on paper. We recommend that each screener see enough participants to be comfortable with the consistency of their interpretation of the screening criteria compared with the other screeners in their group. When screeners reach the point where their calls on the vast majority of participants are in agreement with each other, they have practiced enough. At a minimum, screeners should look at 10-20 participants in the age range that they will be screening. Ideally, participants would have been prescreened by a dentist or dental hygienist who understands the BSS model to assure a good variety of clinical situations. If prescreening is not possible, a larger number of participants should be screened for practice in order to assure a reasonable representation of those to be screened in the survey. This could require as many as 50 practice screenings, depending on levels of agreement as the training progresses.

The screening stations may be arranged in a circle or semi-circle, far enough apart so that the screeners cannot hear the calls of the adjacent screeners. Each subject being screened in the practice session carries her/his score sheet to each station, consecutively, so that all screeners see each subject. The screener "calls" her/his screening code decisions for the subject and the recorder writes them in the appropriate spaces on the score sheet. Care is needed to assure that the screener is not able to see the scores of the other screeners before making her/his decision. After the person being screened goes to the last station, someone is charged with identifying the participants for whom screeners were not unanimous on all scores. These participants are retained for discussion after all the screenings have been completed. At that time, the group of trainees gets together to discuss and resolve their disagreements by mutually deciding the "best call" for each situation, using the screening criteria.

Questions about conducting training can be directed to the Division of Oral Health, Centers for Disease Control and Prevention (see page 43).

Oral Health Survey Training—Recording Form for Schoolchildren

Child's Name: _____

Measure	Codes	Screener Number					
		1	2	3	4	5	6
1. Currently has decayed teeth	0=No 1=Yes						
2. Has ever had a cavity	0=No 1=Yes						
3. Sealants on permanent molars	0=No 1=Yes						
4. Treatment urgency	0=No obvious problem 1=Early 2=Urgent						

Record Name of Screener

Screener #1 _____

Screener #2 _____

Screener #3 _____

Screener #4 _____

Screener #5 _____

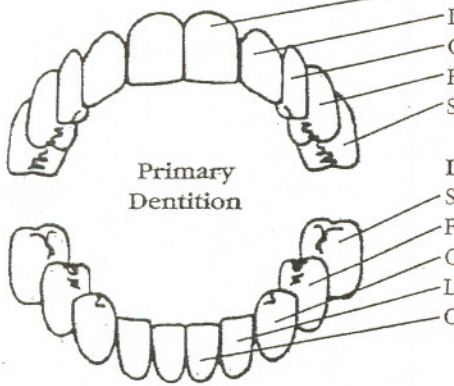
Screener #6 _____

Scoring System

The BSS attempts to make the scoring of screening indicators straightforward. For most indicators, a code of "1" means the condition is present and a code of "0" means it is not. The only exception to the 0/1 scheme is the last indicator, urgency of need for dental care, which has three code choices, 0, 1 and 2. Only one code should be assigned per subject for each of the screening indicators.

Eruption Patterns

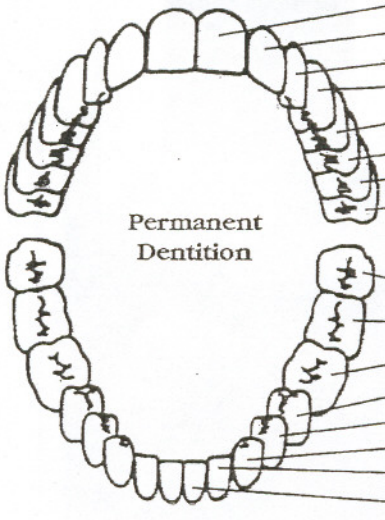
The following graphic displays the eruption patterns of the primary and permanent teeth. The permanent first molar erupts behind the primary second molar at about 6-7 years of age.



Primary Dentition

Upper	Eruption	Shedding
Central incisor	7 1/2 mo.	7 1/2 yr.
Lateral incisor	9 mo.	8 yr.
Cuspid	18 mo.	11 1/2 yr.
First molar	14 mo.	10 1/2 yr.
Second molar	24 mo.	10 1/2 yr.

Lower	Eruption	Shedding
Second molar	20 mo.	11 yr.
First molar	12 mo.	10 yr.
Cuspid	16 mo.	9 1/2 yr.
Lateral incisor	7 mo.	7 yr.
Central incisor	6 mo.	6 yr.



Permanent Dentition

Upper	Eruption
Central incisor	7-8 yr.
Lateral incisor	8-9 yr.
Cuspid	11-12 yr.
First bicuspid	10-11 yr.
Second bicuspid	10-12 yr.
First molar	6-7 yr.
Second molar	12-13 yr.
Third molar	17-21 yr.

Lower	Eruption
Third molar	17-21 yr.
Second molar	11-13 yr.
First molar	6-7 yr.
Second bicuspid	11-12 yr.
First bicuspid	10-12 yr.
Cuspid	9-10 yr.
Lateral incisor	7-8 yr.
Central incisor	6-7 yr.

Screening Criteria

There are six oral health status indicators included in the direct observation portion of the BSS. Some are only applicable to specific age groups and others apply to all age groups. Your screening survey should include the following indicators according to the age groups shown:

Preschool Children

- cavities
- children who have ever had a cavity
- children 3 years of age or under with one or more upper front teeth that were ever decayed
- urgency of need for dental care

Schoolchildren (including adolescents)

- cavities
- children who have ever had a cavity
- schoolchildren with sealants
- urgency of need for dental care

Adults

- cavities
- adults with one or more of their own teeth (as opposed to false teeth)
- urgency of need for dental care